



DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

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PHYSICIAN AND DURABLE MEDICAL EQUIPMENT

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PRE-CERTIFICATION IMPLEMENTATION FOR DURABLE MEDICAL EQUIPMENT

The Missouri Division of Medical Services is implementing pre-certification (Smart PA™) requirements for additional durable medical equipment (DME) services. Precertification serves as a utilization management tool, allowing payment for services that are medically necessary, appropriate and cost-effective without compromising the quality of care to Missouri Medicaid recipients. Effective for dates of service on or after September 18, 2007 the durable medical equipment items listed below will require pre-certification for all Medicaid recipients.

E0585 RR Nebulizer, with compressor and heater

E0585 NU Nebulizer, with compressor and heater

E0565 RR Compressor, air power source for equipment which is not self-contained or cylinder driven

Requests must meet medical criteria established by the Division of Medical Services in order to be approved. These medical criteria can be referenced in the [attached Clinical Edit Criteria](#). This document will also be posted on the Missouri Medicaid Web site located at <http://dss.missouri.gov/dms/> for future reference.

CONVERSION OF CERTIFICATES OF MEDICAL NECESSITY FOR PROCEDURE CODE E0565RR

Procedure code E0565RR currently requires a Certificate of Medical Necessity form (CMN) be submitted and approved in the claims processing system for reimbursement of services.

CMN for procedure code E0565RR that are submitted prior to September 18, 2007 and approved, will be converted to a precertification effective September 18, 2007. A new pre-certification of E0565RR will not be required until the expiration date of the approved CMN. An approved CMN is valid for 6 months from the prescription date.

INITIATING PRE-CERTIFICATION REQUESTS FOR DME

Pre-certification of DME is a two-step process. Requests for pre-certification must be initiated by enrolled Medicaid providers who write prescriptions for items covered under the DME Program. Authorized DME prescribers include physicians or nurse practitioners who have a collaborative practice agreement with a physician that allows for prescription of such items. The enrolled DME provider will access the pre-certification initiated by the prescriber to complete the second step of the pre-certification process. All requests must be approved by the Division of Medical Services.

Providers are encouraged to sign up for the new Medicaid Web tool – CyberAccessSM - which automates the pre-certification process. To become a CyberAccessSM user, contact the ACS-Heritage help desk at 1-888-581-9797 or 573-632-9797 or send an e-mail to MoMedCyberaccess@heritage-info.com. The CyberAccessSM tool allows each pre-certification to automatically reference the individual recipient's claim history, including ICD-9 diagnosis codes and procedure codes. Requests for pre-certification will also be taken by the Medicaid call center at 800-392-8030, option 2.

Requests for pre-certification must meet medical criteria established by the Division of Medical Services in order to be approved. Medical criteria is published in provider bulletins and posted on the Missouri Medicaid Web site located at www.dss.mo.gov/dmsSM prior to implementation. If a precertification request submitted through CyberAccessSM is denied, providers may click on the box to have a Medicaid call center representative contact them. The call center is available Monday through Friday, from 8:00 am to 5:00 pm, excluding state holidays.

PLEASE NOTE: An approved pre-certification request does not guarantee payment. The provider must verify recipient eligibility on the date of service using the Interactive Voice Response (IVR) System at (573) 635-8908 or by logging on to the DMS Web site at www.emomed.com. For recipients residing in a nursing home, nebulizers are included as part of the nursing home per diem rate and are not reimbursed separately.

Please continue to monitor the Division of Medical Services Web site at www.dss.mo.gov/dms for updates on this process.

Provider Bulletins are available on the DMS Web site at <http://dss.mo.gov/dms/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin site.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Web site at <http://dss.missouri.gov/dms/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via e-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

Provider Communications Hotline
573-751-2896